

**APPLICATION TO ACCESS CALIFORNIA'S
VITAL STATISTICS CD-ROM FILES**

Name:		Date:	
Title:		Organization:	
Street Address:		City:	
State:	Zip Code:	Phone:	FAX:

THESE FILES ARE AVAILABLE ON CD-ROM

File(s):	Includes Years:	Cost:	Total:
? Birth Public Use File	? 1989-1999	\$200	\$
? Death Statistical Master File (excludes out-of-state identifiers)	? 1989-1998 ? 1999	\$300 \$150	\$
? Multiple Cause of Death File	? 1995-1996	\$200	\$
Total Enclosed			\$

Proposed Use: _____

_____ Attach additional sheets if necessary

User's Name:

User's Name(s) (Indicate names of all users who will have access to requested computer file(s)):

Vital Statistics Access Agreement:

I, the undersigned, agree not to sell or assign the data files or the records therein provided under this agreement. I agree that said files will not be reproduced except to the extent necessary to meet the proposed use. I understand that, per Health and Safety Code, Sec. 102426, the mothers marital status field may only be used for "demographic and statistical analysis." Utilization of birth files in any way to identify an individual without formal approval of CPHS and the State Registrar is prohibited by law. I understand that the release of confidential data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475).

I agree not to release or give public access to names or other personal identifiers from **Birth** or out-of-state occurrences from **Death Files**.

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Health Services, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to California Department of Health Services, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Health Services, Center for Health Statistics.

User's Signature: _____ Title: _____ Date: _____

Center for Health Statistics (CHS) Use Only

CHS Authorization: _____ Date: _____

Michael L. Rodrian
Chief
Center for Health Statistics